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| SCC eFile | 2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 213516559 | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: Pheasants Forever, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: MN </div> <div style="width: 35%; text-align: right;"> DUE DATE: 5/31/2013 SCC ID NO: F1751322 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | |
| CLASS | AUTHORIZED | | | | |
| 6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 1783 BUERKLE CIRCLE ST CITY/ST/ZIP: PAUL, MN 55110 </div> | | | | | |
| 7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer. | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: HOWARD K VINCENT TITLE: PRESIDENT ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST PAUL, MN 55110 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: HOWARD K VINCENT TITLE: PRESIDENT ADDRESS: 1783 BUERKLE CIRCLE CITY/ST/ZIP/CO: ST PAUL, MN 55110 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR |
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| NAME: TIM KESSLER TITLE: SECRETARY ADDRESS: 1783 Buerkle Circle CITY/ST/ZIP/CO: ST. PAUL, MN 55110 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | | | |

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|-----------------|---------------------|----------------------------------|--|
| NAME: | NANCY ANISFIELD | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1783 Buerkle Circle | | |
| CITY/ST/ZIP/CO: | ST. PAUL, MN 55110 | | |
| NAME: | RICHARD BELL | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1783 BUERKLE CIRCLE | | |
| CITY/ST/ZIP/CO: | ST. PAUL, MN 55110 | | |
| NAME: | ROBERT C BRENGMAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1783 BUERKLE CIRCLE | | |
| CITY/ST/ZIP/CO: | ST. PAUL, MN 55110 | | |
| NAME: | TOBIAS BUCK | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1783 BUERKLE CIRCLE | | |
| CITY/ST/ZIP/CO: | ST. PAUL, MN 55110 | | |
| NAME: | JAMES CALL | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1783 BUERKLE CIRCLE | | |
| CITY/ST/ZIP/CO: | ST. PAUL, MN 55110 | | |
| NAME: | JOHN GOTTSCHALK | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1783 BUERKLE CIRCLE | | |
| CITY/ST/ZIP/CO: | ST. PAUL, MN 55110 | | |
| NAME: | MATT KUCHARSKI | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1783 BUERKLE CIRCLE | | |
| CITY/ST/ZIP/CO: | ST. PAUL, MN 55110 | | |
| NAME: | DIANE LUECK | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1783 BUERKLE CIRCLE | | |
| CITY/ST/ZIP/CO: | ST. PAUL, MN 55110 | | |
| NAME: | CHARLIE MCLRAVY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1783 BUERKLE CIRCLE | | |
| CITY/ST/ZIP/CO: | ST. PAUL, MN 55110 | | |
| NAME: | SHEFALI MEHTA | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1783 BUERKLE CIRCLE | | |
| CITY/ST/ZIP/CO: | ST. PAUL, MN 55110 | | |
| NAME: | LEONARD W SACHS | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1783 BUERKLE CIRCLE | | |
| CITY/ST/ZIP/CO: | ST. PAUL, MN 55110 | | |

| | | | |
|--|----------------------------------|----------------------------------|--|
| NAME: | WILLIAM ZEHNDER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1783 BUERKLE CIRCLE | | |
| CITY/ST/ZIP/CO: | ST. PAUL, MN 55110 | | |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ HOWARD K VINCENT | HOWARD K VINCENT, PRESIDENT | 4/3/2013 | |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |